

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037381

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38-1Primary Registration District No. 4512Registrar's No. 67

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)

Newtown

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Sullivan

c. CITY

OR
TOWN

Newtown

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Gertrude

Grimes

4. DATE
OF
DEATH

Month

Day

Year

Sept.

8

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-14-91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Locker Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Newtown, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Patrick Grimes

13b. MOTHER'S MAIDEN NAME

Caroline Shilt

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pat Grimes, Newtown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis & hypertension

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-31-62 to 9-8-62

and last saw her

alive on 9-8-62

Death occurred at

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-11-62

23c. NAME OF CEMETERY OR CREMATORY

Newtown Cemetery,

23d. LOCATION (City, town, or county)

Newtown.

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Judd & Payne, Newtown, Mo.

25. DATE RECD. BY LOCAL REG.

9-14-62

26. REGISTRAR'S SIGNATURE

Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1050

2 1050

3

4 1

5 0

6

7 0

8 2

9 331X

10

11

12 90-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. Howard Gould

Licensed Embalmer No. 3240

P. O. Address New Town

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.